

BEST AVAILABLE COPY

MULTIPLE DEFENDANT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE					
								APPLICANT(S)	10/1563070					
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51	/						
2	/						52							
3	/						53							
4	/						54							
5	/						55							
6	/						56							
7	/						57							
8	/						58							
9	/						59							
10	/						60							
11	/						61							
12	/						62							
13	/						63							
14	/						64							
15	/						65							
16	/						66							
17	/						67							
18	/	/					68							
19	/						69							
20	/						70							
21	/						71							
22	/						72							
23	/						73							
24	/						74							
25	/						75							
26	/						76							
27	/						77							
28	/						78							
29	/						79							
30	/						80							
31	/						81							
32	/						82							
33	/						83							
34	/	2					84							
35	/						85							
36	/						86							
37	/						87							
38	/	2					88							
39	/						89							
40	/						90							
41	/	2					91							
42	/						92							
43	/						93							
44	/						94							
45	/						95							
46	/						96							
47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							